# -Continuum of Care – RHY Basic Exit Data Collection HMIS Form – SO, ES,TH and HP – (2021)

Client ID:		Project Ent	try Date:							
First, Mi., Last Name, Suf:		☐ Full Nar	me Reported	☐ Client [	Doesn't Know					
			t Collected	☐ Client F	Refused					
			□ Partial Street Name or Code Name Reported							
		□ Partial S	street Name or C	оде мате керс	ortea					
Total Monthly Income	:									
\$		∕es □ No	☐ Client	☐ Client	☐ Data not co	ollected				
(Income from any sou	rce)		doesn't know	refused						
Source of Income	Receiving	income from	Amount of	How often:	Start Date	End Date				
	any source	e?	income							
Alimony or other	☐ Yes ☐	□No								
spousal support	☐ Data No	ot								
	Complete	ed								
Child support		□ No								
	☐ Data No									
	Complete	ed								
Earned income	☐ Yes ☐ No									
	☐ Data No									
	Complete									
Other		□ No								
	☐ Data No									
	Complete									
Pension or		□ No								
retirement income	☐ Data No									
from another job	Complete									
Private disability		No								
insurance	☐ Data No									
Retirement income	Complete	o No		-						
from social security										
nom social security	☐ Data No Complete									
SSDI	-	u □ No								
JJD1	□ res □ Data No									
	Complete									
SSI	-	□ No								
	□ Data No									
	Complete									

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TANF		☐ Yes	□No							
		☐ Data Not								
		Completed								
Unemploymen	t	☐ Yes	□No							
insurance		□ Data Not								
		Compl	eted							
VA Non- service	е	☐ Yes	$\square$ No							
connected		☐ Data	Not							
disability pensi	on	Compl	eted							
Worker's		$\square$ Yes	$\square$ No							
compensation		☐ Data	Not							
		Compl	eted							
Non cash	□ Ye	s 🗆 N	o 🗆 Client	t doesn'	t 🗆 Clien	t	☐ Data no	ot collect	:ed	
benefit from			know		refused	t				
any source:										
					from any sour	art Date	E	ind Date		
				No						
Assistance Prog	gram (F	ood	☐ Data No	□ Data Not Completed						
Stamps)										
Special Suppler				No	_					
Nutrition Progr		-	☐ Data No		leted					
TANF Child Care	e Servi	ces		No						
			☐ Data No	t Compl	leted					
TANF Transpor	rtation		☐ Yes ☐	No						
Services			☐ Data No	□ Data Not Completed						
Other TANF Fu	nded		□ Yes □	☐ Yes ☐ No						
Services □ Data Not C				t Compl	leted					
Other				No						
	☐ Data Not Con				leted					
Covered by health				☐ Client	doesn't	☐ Client		Data not	collected	
insurance:				know		refused		T		
Source of Healt	th Insui	rance	Covered				Start Da	ite	End Date	
Medicaid			☐ Yes	□ No	☐ Data Not					
9.0 - J					Completed					
Medicare			☐ Yes	□ No	☐ Data Not					
61.1.61.11.1		1.			Completed					
State Children's	s Healt	n	☐ Yes	$\square$ No	Data Not		1			

Completed

☐ Data Not

Completed

☐ Yes

□ No

**Veteran's Admin Medical** 

# HMIS Form – SO, ES,TH and HP – (2021) Employer Provided Health | Yes | No | Data Not |

١	WALKHIIS*
)	USTBONG-UNDERSTANDING-CONNECTING

Lilipioyel Flovio	ieu neaitii	□ 1es	□ I						
Insurance				Compl	eted				
Health Insurance	obtained	☐ Yes		No 🗆 Data	Not				
through COBRA				Compl	eted				
Private pay heal	th insurance	☐ Yes		No 🗆 Data	Not				
				Compl	eted				
State health insu	ırance	☐ Yes		No □ Data	Not				
				Compl	eted				
Indian health ins	surance	☐ Yes							
				Compl	eted				
Other		☐ Yes		No □ Data	Not				
				Compl	eted				
		I						l .	
	T			1	1				
Disability Type	Currently Rec	_		Condition	Start		sability	Disability	End
	Services or Tr	eatment		Long	Date		termination	Verification	Date
				Term?		(Y)	'N)	on File	
				(Y/N)				(Y/N)	
Alcohol abuse	☐ Yes ☐ No	)							
	☐ Client don'	t know							
	☐ Client refu	sed							
	☐ Data not co	ompleted							
<b>Both Alcohol</b>	☐ Yes ☐ No	)							
and Drug	☐ Client don'	t know							
Abuse	☐ Client refu	sed							
	☐ Data not co	ompleted							
Drug Abuse	☐ Yes ☐ No								
J	☐ Client don'	t know							
	☐ Client refu								
	☐ Data not co								
Chronic Health	☐ Yes ☐ No	•							
Condition	☐ Client don'								
	☐ Client refu								
	☐ Data not co								
Developmental	☐ Yes ☐ No	•							
Developmental	☐ Client don'								
	☐ Client don								
IIIV//AIDC	☐ Data not co								
HIV/AIDS	☐ Yes ☐ No								
	☐ Client don'								
	☐ Client refu								
	☐ Data not co	-							
Mental Health	☐ Yes ☐ No								
	☐ Client don'	t know			1				

# HMIS Form – SO, ES,TH and HP – (2021)



	☐ Client refused							
	☐ Data not complete	ed						<u> </u>
Physical	☐ Yes ☐ No							
	☐ Client don't know	,						
	☐ Client refused							
Note on Disabilit	☐ Data not complet	ea						<u> </u>
Note on Disabilit	.y.							
Last Coards Camerl	-11		<b>T</b> l				. 7.0	
Last Grade Compl	etea	☐ Less Than Grade Five		☐ Grades 5-6		☐ Grades 7-8		
		☐ Grades 9-11		☐ Grade 12/		☐ School Program does		
		_ Grad	C3	High School		not have grade levels		
				Diploma			Ü	
		☐ GED		☐ Some	College	☐ Assoc	ciate Degree	
		☐ Bach	olor's	☐ Gradu	ato	□Vocati	ional Certificat	to
		Degree		Degree	ate	□ vocat	ionai certincai	ıc
		_	t doesn't	☐ Client		□ Data N	Not Collected	
		know	t doesii t	Refused			vot conected	
School Status		□ Λttor	nding	□ Attenα	ding	□ Gradu	isted high scho	ool
School Status		<ul><li>☐ Attending school regularly</li></ul>		<ul><li>☐ Attending school</li></ul>		☐ Graduated high school		501
				irregular	·ly			
		☐ Obta	ined GED	☐ Dropp	ed Out	☐ Suspe	nded	
		☐ Expel	lled					
		⊔ Clien	t doesn't	☐ Client Refused		⊔ Data r	Not Collected	
Employed?		☐ Yes	□ No	☐ Client		☐ Client	☐ Data not c	ollected
If Yes, Type of Em	nlovment	□ Eull.T	īme	doesn't know		refused		
ii ies, type of Elli	pioyinent	☐ Full-Time ☐ Part- Time						
			onal/Sporading Day Lab			not collected		

## HMIS Form - SO

☐ Yes

□Completed

project

□ No

☐ Client

doesn't know

☐ Youth voluntarily

left early

☐ Client ☐ Data not collected

☐ Youth was expelled or

otherwise involuntarily discharged from project

refused

threats" or "Workplace promise difference" Felt forced, coerced,

pressured, or tricked into

If year for either "Workplace

**Project Completion Status** 

violence threats" or "Workplace

promise difference" In the last three

continuing?

months?

HMIS Form – SO,	ES,TH	and	HP –	(202	1) <b>VALI</b>	K1115	
If No, why not Employed	$\square$ Looking for work			☐ Unab	le to wor	·k	
	□ Not loo	king for w	vork	□ Data	not colle	cted	
General Health Status	☐ Exceller	nt	☐ Very Good			Good	
	□ Fair		□ Poor	□ Poor		☐ Client doesn't know	
	☐ Client re	efused	□ Data	☐ Data not collected			
Dental Health Status	☐ Exceller	nt	$\square$ Very Good		$\square$ Good		
	□ Fair		☐ Poor	□ Poor		Client doesn't know	
	☐ Client re	efused	☐ Data	not colle	llected		
Mental Health Status	☐ Exceller	nt	$\square$ Very Good			Good	
	□ Fair		☐ Poor	☐ Poor ☐ Client doesn't k		Client doesn't know	
	☐ Client re	efused	□ Data	not collected			
Ever received something in exchange for sex (e.g. money, food, drugs, shelter)	□ Yes	□ No	□ Client doesn't		☐ Client refused		
If yes for ever received anything in exchange for sex. In the past three months?	□ Yes	□ No	☐ Client doesn't		☐ Client refused		
If year for ever received anything in exchange for sex. How many times?	□ 1-3	□ 4-7	□ 8-1	1	□ 12 more		
,	☐ Client doesn't know	□ Clien	Client refused				
Ever afraid to quit/leave work due to threats of violence to yourself, family or friends?	□ Yes	□ No	□ Client doesn't		☐ Client refused		
Ever promised work where work or payment was different than you expected?	□ Yes	□ No	☐ Client doesn't		☐ Client refused		
If yes for either "Workplace violence threats" or "Workplace promise	□ Yes	□No	☐ Client doesn't		☐ Client refused	□ Data not collected	

THAT BUILDING #

# HMIS Form – SO, ES,TH and HP – (2021)



If expelled or involuntarily discharged, select the major reason	☐ Criminal activity/ destruction of property/violence ☐ Reached maximum time allowed by project		<ul><li>□ Non</li><li>compliance with</li><li>project rules</li><li>□ Project</li><li>terminated</li></ul>	<ul><li>□ Non payment of rent/occupancy charge</li><li>□ Unknown/Disappeared</li></ul>
Counseling received by client	□ Yes	□ No		
If yes to "Counseling received by client"	– Identify	the type (s)	of counseling receiv	ved:
Individual	□ Yes	□ No		
Family	□ Yes	□ No		
Group – including peer counseling	□ Yes	□ No		
Total number of sessions planned in youth's treatment or service plan A plan is in place to start or continue counseling after exit Exit destination safe - as determined by the client Exist destination safe - as determined by the project/caseworker Client has permanent positive adult connections outside of project Client has permanent positive peer connections outside of project Client has permanent positive community connections outside of project Notes:	☐ Yes		Client	sed sn't sn't sn't
Notes.				

